

Substitute for form 1449/PTO (Revised 04/2003)  <b>INFORMATION DISCLOSURE          STATEMENT BY APPLICANT</b> (Use as many sheets as necessary)				<b>C mplete if Known</b>	
				Application Number	To Be Assigned
				Filing Date	Concurrently Herewith
				First Named Inventor	Michel Pompei
				Group Art Unit	
				Examiner Name	
Sheet	/	of	/	Attorney Docket Number	033339/273193

U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.	Document Number Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
<i>WLD</i>	1	US-5,222,694	06/29/1993	Smoot	

FOREIGN PATENT DOCUMENTS						
Examiner Initials	Cite No.	Foreign Patent Document Country Code - Number Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	English Language Translation Attached
<i>WLD</i>	2	GB 2 070 626 A	09/09/1981	TOA Nenryo Kogyo KK	—	Yes
<i>WLD</i>	3	FR 2 660 787 A	10/11/1991	Tehnologies Speciales Ingenie)	—	No

Examiner Signature	<i>WLD</i>	Date Considered	7-25-05
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\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609.  
 Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.